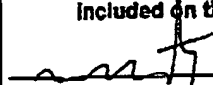




7-08-05

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| AMENDMENT TRANSMITTAL LETTER (Small Entity) | | | | Docket No. 110/02239 | |
|---|-------------------------------------|---|--------------------------------|-------------------------|-------------------|
| Applicant(s): Oren GLOBERMAN, et al. | | | | | |
| Application No. | Filing Date | Examiner | Customer No. | Group Art Unit | Confirmation No. |
| 09/890,172 | July 25, 2001 | PREBILIC, Paul B. | 44909 | 3738 | 7714 |
| Invention: EXPANDABLE INTERVERTEBRAL SPACER | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 137 | 186 | 0 | x \$25.00 | \$0.00 |
| INDEP. CLAIMS | 18 | 17 | 0 | x \$100.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ | | | | | |
| <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3419 | | | | | |
| <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. | | | | | |
| <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
|  _____ Signature | | Dated: July 6, 2005 | | | |
| Maier FENSTER, Reg. No. 41,016 | | <div style="border: 1px solid black; padding: 5px;"><p>I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align: center;">(Date)</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div> | | | |
| William H. Dippert, Esq. | | | | | |
| Wolf, Block, Schorr & Solis-Cohen LLP | | | | | |
| 250 Park Avenue New York, NY 10177 | | | | | |
| Tel: 212-986-1116 | | | | | |
| cc: | | | | | |

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/890172

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|----------------|--------------------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 124 minus 20 = | 104 |
| INDEPENDENT CLAIMS | 2 minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

1/13/05

| | (Column 1) | (Column 2) | (Column 3) |
|--|------------|------------------------------------|--------------------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 208 | Minus 20 = | 124 = 104 |
| Independent | 16 | Minus 3 = | 2 = 13 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| | (Column 1) | (Column 2) | (Column 3) |
|--|------------|------------------------------------|--------------------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 146 | Minus | 18 = 0 |
| Independent | 15 | Minus | 17 = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| | (Column 1) | (Column 2) | (Column 3) |
|--|------------|------------------------------------|--------------------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 137 | Minus | 18 = 0 |
| Independent | 16 | Minus | 17 = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☒ OR

OTHER THAN SMALL ENTITY

| RATE | FEE | RATE | FEE |
|-----------|------|-----------|-----|
| BASIC FEE | 430 | BASIC FEE | |
| X5 9= | 936 | X518= | |
| X40= | | X80= | |
| +135= | | +270= | |
| TOTAL | 1366 | TOTAL | |

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| X5 9= | 936 | X518= | |
| X40= | 520 | X80= | |
| +135= | | +270= | |
| TOTAL ADDIT. FEE | 1456 | TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| X5 9= | | X518= | |
| X40= | | X80= | |
| +135= | | +270= | |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| X5 9= | | X518= | |
| X40= | | X80= | |
| +135= | | +270= | |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE | |

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